

Specific aims

Free and charitable clinics (“FCCs”), loosely defined as volunteer-based nonprofits that provide a range of medical, dental, and mental and behavioral health services at no cost or for a small fee to low-income uninsured and underinsured patients, have been part of our nation’s safety net for more than a century. Collectively, the approximately 1,400 known FCCs serve more than two million patients and provide five million visits each yearⁱ, reaching an estimated one in every eight uninsured patients that seek care.

Despite their longevity and sizeable number of patients, there is no national apparatus in place to systematically collect data that can indicate the level of quality of care that FCCs provide to their patients. This lack of quality data inhibits clinics’ abilities to benchmark against peers and thereby improve care, secure resources and form partnerships. In addition, this lack of data means that policymakers, other safety net providers, private philanthropy, the media, and the general population have an incomplete picture of the quality of care being provided in this setting. It also helps to perpetuate myths and misconceptions about FCCs.

Our objective is to address this gap by establishing a nationwide quality data infrastructure to systematically report quality measures for FCCs. This infrastructure could become a vital resource for future studies evaluating FCCs’ quality of care and progress toward achieving equity. Further, this infrastructure may serve as tool for clinic leadership to drive their own improvement efforts as well as ensure their collective sustainability. As a first step, a national forum is needed to bring together the key constituencies to confront this challenge and devise workable strategies for systematically collecting data from FCCs that can be used to assess their quality of care and their progress toward achieving health equity.

Our **specific aims** are to:

- 1) Discuss what is currently known about the quality of care in free and charitable clinics, identify barriers to generating knowledge on a national scale and determine ways to generate sector wide support.
- 2) Connect key stakeholders to reach consensus on a) a set of quality measures; and b) the practical ways to collect such measures, including those needed to address health equity, from FCCs across the United States; and
- 3) Cultivate new working groups to (a) implement the consensus document and b) establish the framework for integrating health equity into quality improvement.

We will accomplish these aims by holding a two-day, invitation-only conference immediately after the 2018 National Association of Free & Charitable Clinics (“NAFC”) Annual Symposium titled, *“Quality of Care in Free and Charitable Clinics: Creating a Roadmap to Health Equity”*. Invited participants will include state FCC association leaders, a cohort of FCC executive directors, technology specialists, quality improvement professionals and health equity specialists, both within and outside the FCC sector. In the year leading up to the conference, AmeriCares, Loyola University Chicago, and the NAFC will develop and host working groups through video conference calls and webinars to generate materials for the conference, seek initial consensus on quality measures, explore strategies for clinic level buy-in and explore the technological options for leveraging clinics’ electronic medical records (“EMR”) to obtain patient data uniformly and simply from clinics. Currently 53% of FCCs utilize an EMR and another 19% report plans to integrate an EMR in the near future.ⁱ

Ultimately, our **goal** is to improve the quality of care and reduce health inequity for the millions of vulnerable and socially disadvantaged patients who seek care in FCCs. Combining pre-conference activities with an in-person meeting will be an efficient and effective way to solicit diverse views, create buy-in and excitement, and build momentum towards what will be a formidable, but doable, logistical and intellectual challenge for the entire FCC sector— and one that could potentially be transformative in terms of quality of care and health equity.